OFFICE USE ONLY				
Date assigned:				
Licensing specialist:				
Supervisor:				

STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES OFFICE OF CHILD CARE LICENSING (OCCL)

FAMILY CHILD CARE HOME INITIAL LICENSE APPLICATION

Please Print all responses.

Date received:

This application will be active for one year. If you are not licensed within one year of OCCL receiving this application, you will need

to attend an information session an	d orientation again and su	ibmit a new application.	Other information	on may also nee	ed to be up	dated.
SECTION A – Identification						
Applicant name:		Г	Date of birth:		Race	:
Alias, maiden, or married nam	es this person has used:					
Location address:						
	(street)	(city)	(county)	(state)	(z	ip)
Applicant cell phone #:		Location pho	one #:			
Email address:		Fax #:				
		Information (option	al)			
·	re responsibility for the factividual" and leave the re	cility, reside in the facility set of this section blank. Enti	ty, provide the cl	hild care, and condividual	ontrol the s Corporati	space. If no
Doing business as/facility nam	ne:					
Entity address:	(street)	(,	eity)	(state)	(-	ip)
 If the entity is an LLC, pro If the entity is a corporation Please submit: certific proof of non-profit state 	on, provide on a separate ate of incorporation or lus (for example, letter o	e page a name, address LLC, if applicable and	s, and phone nu l a Delaware	mber for each e state busines	corporate	e officer.
SECTION B – Additional Inf Household member(s) or		anyono stavina in the k	omo fou mous ti	han 20 daya wi	thin a was	- an rub aga
current driver's license/s				nan 50 days wi	umi a yea	r, or whose
Full name	Alias, maiden, or mar	rried names this person	n has used D	ate of birth	Race	Gender

SECTION B - Add	litional Information, continued				
Substitute(s)					
Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender	Emergency or non- emergency use
DI '1 4	'1 11 . 1' 1	CHU contact	11 1	1 1 1	1, 6, 4, 6 ; 1
	email address at which you prefer i. The results will contain confidency child care facility.				
CHU contact name:			Email: _		
SECTION C – Ref	erences for the Applicant				
list five individuals.	Is who are not related to the application. These individuals must be able to ldren, and is sensitive to meeting	to verify that the ap	plicant is of g	good character a	nd reputation, respects
N	ame	Address		Telepl	hone/Email
SECTION D - Pre	vious Licensure				
Are you currently li If yes, name of age	censed to provide care to convale.		sing patients? Contact)
•	censed or approved or applying to	•	•		□ No
Have you ever been	licensed or approved to care for o	children in Delawa	re or any othe	r state? Yes	s 🗌 No
List the name and a	address of the licensed/approved	facility/home, and	the dates of a	pproval/licensu	ıre.
	an application or license to provid d on probation?	e care for children	in DE or any	other state denie	ed, revoked, suspended,
List the name and a	uddress of the facility/home, your	relationship to the	e facility, and	the type and do	tte of action.
	·				

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SECTION E – Residence Information

On a separate sheet of paper, answer the following questions:

- 1. Draw and label a diagram of all the rooms that will be used for child care. Also, note the dimensions of the rooms and floor level that will be used for care.
- 2. List where the children will nap and/or sleep and the type of sleeping equipment that will be used.
- 3. Describe where the children will play outside and the equipment available for outdoor use. If the outside area is not located at the child care home, how far is the area from the home?
- 4. Are there any hazards near the outside play area (a high-traffic road, a body of water, railroad tracks, etc.)?
- 5. Create a detailed daily activity schedule to be followed during all hours of care. Please include routines such as naps, meals, developmental activities, and physical fitness. (See sample in application packet.)
- 6. Complete a two-week sample menu if the home provides food. Be sure to follow the OCCL required meal components in the appendices of the *DELACARE*: *Regulations for Family and Large Family Child Care Homes*.
- 7. Complete the Emergency Plan for Family Child Care Homes template.

Check all that apply: Own house/mobile home (circle type) Rent house/mobile home/apartment (circle type) If home is rented, landlord approval documentation is required. submitted home is no If home uses well water, a DE Office of Drinking Water certificate is required. submitted	
SECTION F – Proposed Program Information	
Hours of operation: Days of operation: a.m p.m. or a.m. (circle one) M T W Th F Sa Su p.m p.m. p.m p.m.	Months of operation: January to December August to June to
Ages of children accepted: (use "kindergarten" for 5-year-olds attending kindergarten. Otherv Example: From 6 weeks to 12 years From	_
Food program (CACFP) agency: Other (specify):	

SECTION G – Certification and Signature

- I have read, understand, and will follow DELACARE: Regulations for Family and Large Family Child Care Homes.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant, that the individual home meets the physical, social, moral, mental and educational needs of the average child, that the required criminal background checks are completed and approved, and whether the regulations and requirements of OCCL are properly met. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others. I further certify if I have knowledge of any convictions, indictments, or arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge, the applicant, substitute, and household members have not lost custody of their own
 child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or has a current or former
 addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving any of the persons cited above, I will
 promptly notify OCCL.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.

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SECTION G - Certification and Signature, continued

- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1		Date	
STATE OF DELAWARE) : SS COUNTY OF)			
Signed and attested before me this	Date		
Signature of notarial officer		Print name	
(seal)			

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